Chapter 10

FINDINGS, CONCLUSIONS AND SUGGESTIONS

10.1. THE SUMMARY OF FINDINGS

Most of the patients, 92.62% of them, among the total respondents of 149, undergoing treatment for schizophrenia in Kolhapur are young adults of the age category 30 to 40. Only a 7.38% of the people are in the age category of 30 to 40.

The male proportion among the total number of people getting psychiatric service for schizophrenia is higher than the females. Males constitute 56.38% of the total population availing the psychiatric services for schizophrenia while female constitutes 43.62%.

Majority of the respondents are belonging to Hindu religion since the area from where the samples collected is a Hindu majority region. 90.60% of the total respondents are Hindus. Muslims and Christians constitute only a minor percentage of 3.36% and 6.04% respectively. But among Muslims the female proportion is higher in availing psychiatric services for schizophrenia than males.

Most of the patients, 86.56% of them among 149 patients, undergoing psychiatric treatment for schizophrenia are unmarried. Only a 3.36% of the people are married and they are all males and all are continuing the relationships. A total of 8.05% are found divorced. Among the divorced cases female cases are more than male cases. 4.03% of the people are living separately due to the disease condition of the life partner.

Almost all the respondents are educated and of which 44.29% are graduates, 6.73% are studied up to matriculation. 6.73% of the total population of patients are found completed post graduation. In matters concerning educational qualification there was not much differences is observed between male and female patients.
Majority of the people with schizophrenia are looked after by the parents. The study reveals that 90.60% of the patients are looked after by the parents. Only a very minimal group of 6.04% are looked after by the siblings and of which parents are no more. 3.36% of them have found with looked after by the spouse of which all of them are wives of the patients.

Majority, 77(51.67%), among the total patients participated in the study belong to Single families and the rest of the 72(48.32%) belong to joint families. From among the total 84 male patients, 49(58.33%) are belongs to single families and 35(41.67%) belong to joint families. From the total 65 female patients, 28(43.07%) were from single families and 37(56.92%) from joint families. From the data it can be evidenced that male patients are more from single families and female patients are more from joint families.

Most of the patients with schizophrenia are looked after by the parents and no cases of the life partner looking after a female schizophrenia patient was found in the study. Very few patients are looked after by the siblings and in that vast majority are male patients. Only a 22.22% of the females are looked after by the siblings.

While analyzing the family history of illness in the study, it was found that majority of the male patients have the relative with mental illness at maternal liniology and female patients have paternal relative with mental illness.

Most of the patients who have a family history of mental illness, the incidence of mental illness is found distributed high among grandparents than other relatives like paternal and maternal uncles or aunts.

Many of the males who have an ill relative at family has shown higher incidence of mental illness at maternal liniology and females shows higher incidence at paternal liniology.

Schizophrenia is found occurring with highest frequency among the mental disorders found with the relatives of schizophrenia patients who have a history
of mental illness in the family, Mood disorders and neurotic disorders follows schizophrenia in order of frequency of occurrence.

Majority of the families of the patient undergoing treatment for schizophrenia in Kolhapur has cordial or otherwise balanced relationship within the family. Functional and nominal family relationships are found comparatively less among the people undergoing treatment for schizophrenia.

Majority of the patients participated in the study had gradual onset of the illness 88(59.06%). Very few patients had acute onset 26(17.44%) as compared to insidious onset 35(23.48%).

Majority of the significant others of the patients undergoing treatment for schizophrenia did not have proper knowledge about the nature and features of the illness (69.80%) at the time of joining the family psycho education program.

72.48% of the significant others found with inadequate knowledge regarding the symptoms of the illness and 70.47% do not have the proper knowledge of the present psychiatric status of the patients at the time of joining the family psycho education program. A vast majority of 71.81% of them found with improper knowledge regarding the warning signs of the relapse before the provision of family psycho education.

Urban cases, 56.38%, are found more in Kolhapur availing mental health services than rural population 43.62%. A good number of rural people also found availing mental health services in Kolhapur irrespective of the background avail mental health services.

Majority 77(51.67%) of the patients availing mental health services for schizophrenia are belonging to Single families and 72(48.32%) belong to joint families. Male patients are more found coming from single families and female patients are more from joint families.
Most of the patients participated in the study had a history of gradual onset of the illness 88(59.06%). Very few patients had acute onset 26(17.44%) as compared to insidious onset 35(23.48%).

Major portion of the patients undergoing the treatment for schizophrenia has the history of episodic course of the illness than fluctuating course of the illness.

Majority of the significant others 83.89% gained proper knowledge about the nature and feature of the illness after the psycho education programme. 81.88% gained knowledge and awareness about the symptoms of the illness, 88.59% gained knowledge and awareness about the present psychiatric status and 69.80% gained knowledge about the warning signs of the illness.

Most of the significant others were not having adequate knowledge regarding the medical, personal care and supervision requirements of the patients before the family psycho education programme. But the family psycho education helped the majority of the significant others to gain proper knowledge and awareness regarding the continuous care and attention requirement of the patient 85.91%. Medical and personal care requirement of the patient 70.47% and the personal supervision requirement for the patient 91.95%.

After the family psycho education majority, 77.18%, of the significant others gained awareness and skill to manage the symptoms of the patient, 73.83% gained knowledge about the procedures to deal with the patient when he turn symptomatic, and 71.81% of the significant others gained knowledge about the need for timely intervention after the family psycho education which was inadequate while they were attending the family psycho education programme.

The knowledge and awareness of the significant others regarding their role in the treatment, role in the psychiatric follow up, role in taking decision to continue or terminate the medicines or treatment and choosing various treatment options available for schizophrenia etc. were inadequate before the psycho education but the status considerably improved after the family psycho education.
The knowledge of the significant others regarding the disease condition (Schizophrenia) and the psychiatric status of the patient is found related. Most of the significant others found with improved knowledge regarding the management of disease after psycho education and the frequency of relapse was found reduced with the improvement of this knowledge.

The incidence and frequency of relapse of the patients undergoing treatment for schizophrenia was quiet high 97.32%, before the significant others were participating in the family psycho education programme. Once the family start intervene in the treatment and management of the patient with schizophrenia after the family psycho education programme, the relapse rate considerably reduced to 51.67%. The family psycho education is effective for reducing patient relapses. The changes in the attitude of the significant others and the resulted intervention they started making with the patient contributed much to this result.

The psychiatric status and clinical profile of the patient changed a lot after the family psycho education programme. The hallucinations and delusions exhibited considerable reduction in the severity of manifestations after the significant others were oriented and trained with family psycho education to deal effectively with the patients and treatment.

The learned, systematic and timely intervention of the family after the psycho education programme lead to the improvement in the bizarre behaviours associated with schizophrenia like unusual social behaviour 70.47%, aggressive and agitated behaviour 82.55%, repetitive and stereotyped behaviour 51.68%.

The family heterogeneity factors such as information and knowledge about the disease has impact on the maintained status and treatment outcome of the persons affected with schizophrenia. Considerable reduction was noticed in the frequency and severity of the formal thought disorders of the patients with schizophrenia once the significant others started involving actively with the treatment after receiving the training through family psycho education.
The statuses of the affective disturbances of most of the patients were improved after the family psycho education intervention. The psycho education provided to the family helped them to recognize the manifestation of symptoms at its onset and that helped them to avail psychiatric help necessary to handle the situation. The consequence was reduction affective disturbances like in appropriate affect 62.41%, poverty of speech 68.46%

After the family psycho education the family started giving individualized care to the patients. Many of the families started scheduled the activities of the patients and started closely monitoring the activities of the patients through the work book which was provided with the family psycho education. The close monitoring of the family members of the patient enhanced the individualized care, especially pharmacological adherence and consequently the symptoms of the patients reduced considerably.

The frequency of relapse in a year was more than two for most of the patients 83.22% before the significant others were oriented with family psycho education. This was considerably reduced to 14.29%. This result is the outcome of the timely intervention of the family with the treatment.

The ability of the patient to remain persistent in some fruitful as well as meaningful activities found considerably improved after the family intervention. The grooming and hygiene exhibited a change of 63.76% as well as impersitence to activity has also notable exhibited change.

Considerable change was noticed in the recreational interests and activities of the patient 40.27%, ability to make intimacy and closeness 37.58% and relationship with others 28.86%. These were the areas of absolute impairment for most of the schizophrenia patients. Once the family started actively intervene with the care and management of the patient after the family psycho education the condition of the patients started improving.

Most of the patients have exhibited changes in the treatment outcome after the family psycho education. The mental status examination conducted after the family psycho education programme has given a considerable change in the
status of the mental status of the patients. 67.11% of the patients were severely symptomatic before the family psycho education. Once the family took the responsible charge of the patient the symptom status was found reduced to 18.79%.

10.2. THE CONCLUSION

Chronically mentally ill were considered normally, the persons having major schizophrenia, organic psychoses, recurrent affective disorder, long term cognitive disabilities, extreme dependency needs, high sensitivity to stress and difficulty in coping with the demands of everyday living. Schizophrenia among mental illness is treated and considered as one among the most disabling mental illnesses since it has the potential to affect the individuals affected with effects that may impair the overall performance in multiple and complex ways through impairing emotions, thoughts, perception, and memory, experience of self, movement and behaviour (Wyatt, 1994).

Schizophrenia is an ailment, as Kenna (1994) observed characterized with delusions, hallucinations, disorganized speech, bizarre behaviour and negative symptoms, which have been present for a considerable period of time. These manifested features of the disorder lead to the generation of deficiencies in the overall functioning as it has observed in the present study, especially in the expected level of occupational and social performance of the person affected with schizophrenia. It was found in the study that majority of the schizophrenia patients participated in the study had problems with occupational and social functioning before the provision of family psycho education to the significant others and considerable change occurred after the provision of family psycho education.

It was found in the study as Dyer and Mc Guinness, (1996) stated, that individual’s ability to think, feel, to receive, understand and retrieve the relevant sensory information was severely affected due to the hallucinations and delusions. After the family psycho education provided to the significant
others as it has evidenced by Barrowclough and Haddock, (2001) change in the status maintained by the patient has been noticed.

The global scenario as Sadock; et.,al, (1995) stated that Schizophrenia is equally prevalent in men and women but in the present study males are found dominating the females in the case of incidence. But regarding the age of onset, as Gelder, et.al. (1996) observed, Schizophrenia was found occurring between ages 15 and 35 in the study.

Schizophrenia affects multiple and complex ways and it generates handicaps in the overall performance of the affected individual as described by Gabbard, (2003). Mental health experts like Liberman, (1987), Murphy and Farrell, (2005), Mueser and Gingerich, (1994) attempted to find out effective remedial measures that can help the affected individual to compensate for the handicaps caused by mental illness and reducing the consequences of the illness. They found psycho social treatments including family psycho education can bring changes in the status of the patient. In the present study it was found that the status of the patient changes after the provision of family psycho education to the significant others.

Psychosocial treatments, especially those treatments like family psycho education that integrate the pharmacology with environmental support system have found with helping the person affected with schizophrenia (Deborah, 2003). And in the study it was found that the family psycho education is helping the patients to have reduced incidence of relapse and family the related burden.

Numerous modes of psychosocial interventions like family psycho education are developed and are available now in the West, as Arieti, (1974) observed that can help the person affected with schizophrenia to come out of the deficiencies at various levels caused by the illness through focusing on improving the patient’s potentials for social functioning through the environmental modification. The study evidenced the implementation of the environmental modification through the family psycho education help the
patients to come out of the deficiencies at various levels caused by the illness like affective behavior, avolition and apathy, ability to establish and maintain relationship with others etc.

Zastowny et. al, (1992) found that modification of the family environment, where the affected individual is a part, and family interventions may enhance the treatment outcome and reduce relapse incidence, if provided with systematic, proper and timely imparted back up of services. The systematic, proper and timely carried out family psycho education in the study evidenced reduced relapse and reduced symptom status of the patients.

As Kamalam (2005) rightly says due to the socio cultural back ground and stigma attached to mental illness, the people do not want to associate them with mental health services and this lead to the inadequate medical attention to schizophrenia and consequently the relapse.

In the study it was found that many of the families take quiet long time to understand and accept the disorder and most of the families who have their family member with schizophrenia do not know much with the nature and feature of the illness, various signs and symptoms of the illness, the warning signs of relapse, and proper management techniques. Also many of the families are not aware of the possible treatment options or the follow up requirements or the need for the personal care and supervisory requirements of the patients. It was observed in the study as one among the major cause of poor prognoses and increased relapse rates.

The families of patients with schizophrenia were for many years considered to be part of the problem not part of the solution (Halford, 1991). However during the 1990es professional perceptions of families and its significance in the treatment of mental illness have changed dramatically. Many controlled studies brought forwarded the benefits of involving the family members in the care of their loved ones with mental illness (Halford, 1991). The present study also supports the view that the families of the patients with schizophrenia are not the part of problem but the part of solution.
Research confirms with evidence as was found with the studies like Zastowny, et.al (1992) maximum benefits occurring when the families are supported and educated for taking part in the treatment partnership roles while dealing with mentally ill patients and the present study affirm this findings.

As it was found in the study that, very often, the patients are discharged from the hospital directly into the care of their family once the symptoms get reduced; and the family had inadequate knowledge about the disease, its nature, features, medical and personal care requirements of the illness, the negligence would be obvious, and the consequence was relapse exacerbation.

So it is important that family members should be provided with proper idea as well as knowledge about mental illness especially of schizophrenia, its nature, features, medical and personal care requirements as observed by Tarrier; et.al. (1988) and as evidenced in the study that it ultimately reduce the relapse and improve the status of the patients.

The involvement of family in the treatment process reported the attitudinal variations in the family members as well as the attainment of outcomes (Smith and Birchwood, 1987) as evidenced in the present study.

In the study it was clearly found that family interventions make better treatment outcome and positive prognoses. As Vaughn and Lef, (1976 ) stated orienting the families about the mental illness especially schizophrenia have much effect to foster the improved understanding of many of the patients difficulties. In the study it was also found that the family gained the skills necessary to get well along with the family member with mental illness in the family. The family psycho education and orientations helped the family with attitudinal variations and the consequence is as Zastowny; et.al.(1992) stated in their study, the changes in the treatment outcome.

As Liberman (1987) rightly said even when patients with schizophrenia are relatively free from psychotic symptoms through drug therapy many may be having extraordinary difficulty with communication, motivation, self-care and establishing and maintaining relationship with others. As it was found in the
study the family psycho education can help the families to get in to the situations of the patient and foster the recovery.

So the family psycho education programmes has to be integrated in to the mental health programme for the patients and if integrated effectively it will reduce the relapse exacerbation and the related handicaps considerably and consequently fosters the prognoses of the disease condition of patients and a great deal of the people suffering out of schizophrenia will be benefited.

10.3. THE ROLE OF SOCIAL WORKER

Social work may be defined as an art, a science, a profession that helps the people through professional measures to solve various problems that come across with their day to day life through the methods, viz... case work, group work, community organisation, administrative activities, social action and research. Mudgal (1997).

Social work is an art of helping the people to help themselves at their homeostat without challenging the core of existential needs. Mental health problems as Franses (2004) observed can generate so much of problems at the functioning of an individual at his individual and social situations. Social work has effective means to intervene at such situations to ensure relative individual and absolute social recovery through imparting the specialized services.

Social work with its multi dimensional intervention services like psychiatric social work can help the individual affected with mental illness to gain practical skill necessary to obtain optimum social functional skills at deficiency situations.

As far as the individuals and families handicapped with mental illness like schizophrenia are concerned psychiatric social work can help with the training for gaining the necessary skills to obtain optimal functioning level in their homeostatic situation through proper and timely imparted back up of services.

A professional social worker can exert help to the individual affected with schizophrenia and their significant others through systematized skill training
and environmental modification delivered via the methods of social work like case work, group work, community organisations and administration, and fields of services like health services, mental health services, institutional care, services for the people with special needs.

Psychiatric social worker through the method of case work can help the individuals and families affected with the mental illness especially schizophrenia through sensing the individual care requirement at individual situations of patients and the significant others.

Psychiatric social worker can be an enabler, facilitator, guide and resource mobilizer for the individuals tampered with schizophrenia and their families.

Through group work methods psychiatric social worker can plan psycho educational programs, facilitatory activates, self help and support groups of care givers and victims so that they can work out strategies at their level to handle the problems associated with mental illness.

The psychiatric social worker can organise mass campaigns community awareness and education programs for different strata of communities to make the induction and accommodation of the people with mental illness, especially with schizophrenia to the community that can ultimately foster the efforts of the family to remediate the social handicaps caused by the illness to the individual.

Social worker can resolve at administrative initiatives to help the people in need professionally through establishing care centres halfway homes and support service centres.

Psychiatric social worker can play an intermediately role between the mental health professional and significant others of the persons undergoing treatment and that facilitate informed involvement of the family in treatment activities which will enhance the treatment outcome.
Social worker can help the family through family psycho education programmes and train the family the necessary skills to deal with the people with schizophrenia and in long run which will enhance the treatment outcome.

10.4. SUGGESTIONS

Programmes should be initiated and facilitated by the mental health professionals to increase the participation and involvement of the significant others in the treatment which ultimately facilitates the treatment outcome.

Awareness programmes should be conducted for the significant others to ensure their knowledge about the care requirement of the patients.

Psycho education has to be provided compulsively to the significant others to improve their skill in dealing with the patients.

Counselling and guidance has to be provided to the family to enhance their knowledge level, develop coping strategies, and treatment adherence.

Group sessions of the significant others should be fostered at the hospital where the patient is getting psychiatric help to develop support network during and after treatment.

Remedial measures have to be taken and devised to eradicate superstitions associated with mental health care services.

Psychiatric social workers should be appointed compulsorily with mental health service centres to facilitate the psycho social care requirement of the patients.

Remedial measures have to be devised to remove the social stigma attached to mental illness form the society.

Awareness and education has to be generated among the public to seek the professional help at the onset of the illness that can reduce the potential handicaps to minimum.

Public awareness programmes have to be generated to educate the common public to seek medical attention at the onset of illness.
Professionally trained people like social workers, psychologists, clinical psychologists, should be appointed at mental hospitals to meet the extra care requirements of the patients and the significant others.

Multidisciplinary team has to be facilitated with the psychiatric hospital that covers mental health, health and paramedical professionals to ensure the effectiveness of the services rendered.

There should service centres at district level where people can approach without hesitation to avail mental health services and guidance in need.

Mental health education should be included in the curriculum of school and college studies and mental health education should not be separated as a separate branch of knowledge which common man does not have access to it.

Before starting the psychiatric care the family and significant others has to be well informed of the disease and informed consent of the significant others should be made mandatory for providing psychiatric care.

Sufficient staff and facilities should be provided with the district health administration and service level to ensure the mental health services more accessible to the people.

Self help groups and support groups networks should be formulated as part of the psychiatric treatment to ensure and facilitate post treatment support network.

Mental health services at public sector has to be enhanced and made available for the common public to avail the services at reduced cost. The cost of the treatment at private sector finds one among the major cause of premature termination of treatment and follow-up.

The initiations have to be taken by the public authorities to workout policies to make the mental health services available for common man on need.

There should be well devised mechanism to conscientice the policy makers about the need and significance of bringing mental health education to the grass root level.
Provisions have to be devised to orient and conscientize the policymakers regarding the importance and significance of including mental health in the national health plans and policies.

The initiations have to be taken at the policy makers’ level to reorient them in respect of mental health policies concerned.

Half way homes, rehabilitation centres, day care centres, care homes etc has to be started at the district level by the public authorities on need.